

Approved
MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

July 8, 2010

Present: Nancy Black, Terry Burgess, Gladys Christian, Zack Commander, Frank Edwards, Virginia Hill, Libby Jones, Laura Keeney, Mark Long, Paul Russ, Renee Sisk, Rosemary Weaver and Glenda Woodson.

Absent: Pamela Chevalier, Kathy Crocker, Ron Kendrick, Carl Noyes, and Amelia Thorpe,

Staff Present: Leza Wainwright, Stuart Berde, Cathy Kocian, Eric Fox, Shealy Thompson, Adolph Simmons, Ken Marsh, Kelly Crosbie, Kerry Lynn Fraser, Trina Titus.

Guests Present: Anna Cunningham, Kent Earnhardt, Marc Jacques, Ellen Perry, Dave Richards, Ellen Russell, Gerri Smith, and Brianna Woodson.

Presenter & Topic	Discussion	Action
Welcome: Rosemary Weaver, SCFAC Chair	<ul style="list-style-type: none">• The meeting was called to order at 9:30 AM.• Rosemary Weaver presented Leza Wainwright and Stuart Berde with certificates of Appreciation. Leza thanked the SCFAC for their support and encouraged SCFAC members to continue to challenge people to be the best they can. SCFAC invited Leza to visit future SCFAC meetings.	<p>The agenda was approved.</p> <p>The May 2010 minutes were approved.</p>
Discussion with Division Leadership Leza Wainwright	<ul style="list-style-type: none">• Leza covered the DHHS-Related Special Provisions, 2010-2011 Appropriations Act (SB 897). In addition, she distributed the DHHS-DMH/DD/SAS Selected Budget items and went through each line item within the following categories:<ul style="list-style-type: none">○ Central Management○ Division of Medical Assistance○ Division of MH/DD/SAS○ Department of Juvenile Justice and Delinquency Prevention.• Dr. Mike Lancaster has accepted employment with Community Care NC (CCNC). There are 12 networks across NC and each CCNC location now has a psychiatrist to assist with behavioral health issues and treatment. CCNC is playing a huge role in healthcare reform there needs to be close alignment in primary care.• The General Assembly has put in place Independent Assessments for all Medicaid enhanced mental health services by an Independent Assessment Entity (IAE) who then authorizes the type and amount of services. However, this violates Medicaid rules.• In 2004, a pilot project began that allowed fifteen LMEs across NC to have non-physicians and non-psychologists do the 1st exam for involuntary commitment. Then a 2nd evaluation had to be done within 48 hours at the inpatient facility. This pilot project has been very beneficial in the far western	

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	rural areas. Hopefully, the LOC will extend the project.	
SCFAC Meeting Attendance	<ul style="list-style-type: none"> Rosemary Weaver read the Attendance guidelines as listed in the SCFAC bylaws: Section 4. Attendance SCFAC members shall attend each scheduled meeting in its entirety. Excused absences consist of illness or personal/family emergency or hardship. The final decision regarding an excused absence shall be made by the Chair. <p>Three unexcused absences within a year will require the Chairman to contact the member as to his/her ability or interest in remaining a member. The Chairman will report this to the appointing authority.</p> <p>Four unexcused absences will require the Chairman's recommendation to the appointing authority that a replacement should be appointed.</p> <ul style="list-style-type: none"> SCFAC members were in favor of the work year going from July 1 – June 30 of any given year. The current bylaws allow for 3 unexcused absences and some members thought this was too many due to the fact SCFAC only meets 6 times in a year. Members discussed meeting more often, but the current financial situation and budget constraints don't allow for this. Further discussion included leaving SCFAC meetings early and the fact that past SCFAC minutes reflect SCFAC's vote that members must be present for 2/3 of the scheduled meeting (this doesn't include the lunch hour). SCFAC members discussed the meeting time options (For example 9-3, 9:30-3:30, 9-3:30, etc). Some members believe that the SCFAC needs to meet for a longer period. There was also mention of a 30 minute lunch hour. SCFAC members voted unanimously on the following motion "The Bylaws subcommittee studies the bylaws regarding a) the SCFAC Attendance Policy and the number of sessions a member needs to attend, and b) the meeting time that SCFAC meets for a meeting". 	<p>SCFAC members need to be present at the SCFAC meetings at least until 1:30pm.</p> <p>The Bylaws subcommittee will need to review the bylaws and make recommendations at the September SCFAC meeting.</p>
Public Comment/Issues	<ul style="list-style-type: none"> Kent Earnhardt commented on Wake County CFACs ability to hold meetings via teleconference. Dave Richards, Arc of NC Executive Director, addressed the SCFAC regarding managed care waivers and informed the members that the Arc has held 14 public forums across NC. He believes that the Waiver option is not the best path for NC to take for people with intellectual and developmental disabilities. Mr. Richards requested that the SCFAC consider a presentation from the Arc at a future SCFAC meeting. Zack Commander was asked to give SCFAC members an update on his recent 	<p>SCFAC members agreed that they will review the data that Dave Richards mentioned, and will invite him to the September meeting to answer questions and provide additional information.</p>

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	trip to Marrakesh, Morocco, June 7-10, 2010. Zack was one of 20 US athletes chosen to participate in the Special Olympics Global Congress which was hosted by his majesty Mohammed VI of Morocco and Her Royal Highness Princess Lalla Amina. Zack mentioned that the culture is quite different.	
SCFAC Subcommittees	<ul style="list-style-type: none"> • Rosemary Weaver discussed the possibility of doing a workshop for SCFAC members to increase their effectiveness of working in their task teams in between the scheduled meetings. Stuart Berde suggested Barb Kunz, DHHS Planner and trainer, could do the training for the SCFAC. • Virginia Hill asked to work on the Bylaws subcommittee with Ron Kendrick and Kathy Crocker. • Nancy Black stated she would continue to attend the External Advisory Team (EAT) meeting in Raleigh as scheduled. Libby Jones is the alternate. 	SCFAC members voted in favor of having a workshop on alternative meeting effectiveness and Barb Kunz will be invited to the September SCFAC meeting.
Provider Performance Report Shealy Thompson	<ul style="list-style-type: none"> • Shealy Thompson, Quality Management Team Leader, distributed the Provider Agency Performance Report Draft <i>Highlights of Stakeholder feedback</i>. The majority of feedback came for consumers and CFACs, with some of the feedback being submitted by providers, LMEs and individuals. • The Provider Performance Report (PPR) will be posted on the Division website and currently the QM team is looking into how much of the report can be done on line and utilize a search engine to look up providers. • The development process has involved meetings with multiple organizations statewide, and the NC Council of Community Programs has held a QM forum every month for the LMEs. The next step would include choosing 20 or so providers (most will be CABHAs) to pilot the PPR during the fall 2010. The SCFAC Services Task Team was asked if they would be willing to work on the new pilot workgroup that will review the PPR. 	The SCFAC Services Task Team will participate on the PPR pilot workgroup. Shealy Thompson will contact the task team members to set up future meeting dates.
SCFAC Task Teams	<ul style="list-style-type: none"> • The Services Task Team needs a new chair, and Laura Keeney agreed to be the new chair. • The only two task teams that have not yet addressed the LOC are the Plans Task Team and the Budget Task Team. • The Plans Task Team has met their goals and submitted feedback to the Division on the 2010-2013 State Strategic Plan. The task team will review their next steps. • The Budget Task Team is going to draft a letter to DHHS and the General Assembly regarding the proposed reduction in Medicaid rates to providers requesting that these rates not be reduced any further. 	<p>Rosemary Weaver will obtain the upcoming LOC meeting schedule.</p> <p>Nancy Black, Budget Task Team Chair will send Cathy Kocian the draft letter for distribution.</p>
Medicaid Waiver Ken Marsh and Kelly Crosbie	<ul style="list-style-type: none"> • Members of the RFA Waiver Review Process also included: Marc Jacques, Ellen Perry and Anna Cunningham who presented their perspective of working with the Waiver Leadership Team on the RFA review. Plus, the SCFAC was instrumental in making the recommendation to the Division to review local CFACs on site as part of the process. 	Ken Marsh and Kelly Crosbie will attend the September SCFAC meeting.

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	<ul style="list-style-type: none"> • The presentation consisted of: <ul style="list-style-type: none"> ○ Format/Process ○ Recovery/self-determination ○ Why this was important to the process ○ What was learned during the review • Mecklenburg LME was selected to implement the 1915 b/c Waiver and the announcement can be read in Implementation Update #74 http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh6-7-10update74.pdf • The next steps involve creating a learning community so that the consumers and family members receive the information timely. Kelly Crosbie acknowledged the importance of monitoring Mecklenburg's transition. Plus, the State has learned a lot of lessons from PBH throughout their 1915 b/c Waiver process. • Ken Marsh stated that the Legislation will provide directions regarding the next steps and providers need the learning curve. Plus, there are two needs that will be ongoing: training and communication. Anna Cunningham and Ellen Perry agree that it's difficult to take complex information and make it into laymen terms. • Nancy Black mentioned the monthly press release that her LME is submitting to the local newspaper with updated and informative information, and this is an excellent source to distribute information timely. Laura Keeney is interested in knowing what the state is learning from other states, and also said that too many standards won't allow for adapting. Kelly Crosbie explained that currently at the federal level there are 4 types of Waiver: <ol style="list-style-type: none"> 1. B waiver 2. C waiver 3. 1115 waiver 4. I waiver • SCFAC members also discussed the Legislative Report Medicaid Waivers for LMEs S.L. 2008-0107 Section 10.15(y) which was submitted to the LOC April 2009. • David Taylor Jr. was working on the Waiver Leadership Team until June 30, 2010 when his SCFAC term expired. However, Frank Edwards is going to continue his role and Paul Russ volunteered to work on the workgroup also. 	<p>Cathy Kocian will send the report to SCFAC members via email.</p>
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for September 9, 2010 from 9:30 A.M.-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C. 	
July 2010 Meeting Agenda	<ul style="list-style-type: none"> • Approval of the Agenda. • Approval of the July 2010 minutes. 	

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| | <ul style="list-style-type: none">• Public Comments/Issues.• SCFAC Bylaws Subcommittee.• Medicaid Waiver Update-Ken Marsh & Kelly Crosbie.• Provider Performance Report update-Shealy Thompson.• Arc, Dave Richard Executive Director• Workshop on Alternative Meeting Effectiveness-Barb Kunz.• Child Residential Length of Stay-Mark O'Donnell. | |
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